

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 136

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village Rice
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nathaniel Koo
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth _____
 6. Legitimate? Yes
 7. Date of birth 3-6-30
 Month Day Year

8. FATHER Full name <u>Nathaniel Koo</u>		14. MOTHER Full maiden name <u>Bessie Miller</u>	
9. Residence (Usual place of abode) <u>Rice</u> If non-resident, give place and state. <u>Arizona</u>		15. Residence (Usual place of abode) <u>Rice</u> If non-resident, give place and state. <u>Arizona</u>	
10. Color or race <u>4/4 Apache</u>	11. Age at last birthday <u>46</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>40</u> (Years)
12. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Arizona</u>	
13. Occupation <u>None</u> Nature of industry _____		19. Occupation <u>Housewife</u> Nature of industry _____	

20. Number of children of this mother 13
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 13
 (b) Born alive but now dead _____
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? Yes

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was Alive at 9:00 P. on the date above stated.
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

Address _____

(Physician or midwife)

Given name added from a supplemental report _____

Month, day, year _____

Registrar _____

Filed 4/119 31

Registrar _____

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